



2012 OCKANICKON AND MATOLLIONEQUAY OVERNIGHT CAMP REGISTRATION FORM

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Mail Registration Form and Payment to:

**YMCA Camp Ockanickon, Inc. 1303 Stokes Road, Medford, NJ 08055 or Register online at www.ycamp.org
For more information, call 609-654-8225 or 800-442-2267 • fax 609-654-8895 • info@ycamp.org**

CAMPER INFORMATION <i>PLEASE PRINT CLEARLY- This is camp's permanent record</i>		
Last Name	First Name	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Returning Camper
Birth Date	Current School Name	Grade Entering Sept. 2012
Shirt Size	Circle One: Youth S M L Adult S M L XL	
FAMILY INFORMATION <i>Applies to the Parent/Guardian with whom the camper legally lives. Joint/Non-custodial parent information is below.</i>		
Camper Address	Father/Guardian 1 Last Name	Mother/Guardian 2 Last Name
	First Name	First Name
City	Home Phone	Home Phone
State Zip	Work Phone	Work Phone
JOINT/NON-CUSTODIAL FAMILY		
	Cell Phone	Cell Phone
Has there been a divorce/separation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer's Name	Employer's Name
	Occupation	Occupation
If yes, who has custody? (Print joint if applies) _____	Email (Required)- Camp Forms will be e-mailed	Email (Required)- Camp Forms will be e-mailed
EMERGENCY CONTACTS <i>List two contacts other than parent(s)/guardian(s)</i>		
The joint/non-custodial parent should: <input type="checkbox"/> Be contacted in the event of emergency	Name	Name
<input type="checkbox"/> Receive duplicate mailings	Relationship	Relationship
<input type="checkbox"/> Receive invoice	Home Phone	Home Phone
If you answered yes to any question above, please complete all information below.	Work Phone	Work Phone
	Cell Phone	Cell Phone
CAMP REFERRAL INFORMATION		
Last Name	<i>Please consider referring a new family to camp. If the referred family signs up for camp, you and the referred family will each receive a \$25 gift certificate to the Camp Store. The referred family must be a first-time camper.</i>	
First Name		
Home Phone	PLEASE SEND A REGISTRATION FORM TO: (Use additional sheets for multiple referrals)	
Work Phone	Name	
Cell Phone	Address	
Address	City	State Zip
	Email	
City	IF YOU HAVE BEEN REFERRED TO CAMP, PLEASE INDICATE WHO REFERRED YOU <i>(To receive your \$25 gift certificate this section must be completed)</i>	
State Zip	Name	
Email	Address	
PARTICIPATION AGREEMENT AND FINANCIAL TERMS		
<i>Please read very carefully and sign and return with a deposit or payment in full. Please call us with any questions you may have.</i>		
I/We hereby enroll my/our child and enclose a non-refundable deposit or payment in full. Any balances owed on June 15, 2012 will be automatically charged to the credit/debit card on file unless alternative arrangements are made. Registrations received after June 15, 2012 must be accompanied by payment in full unless alternative arrangements have been made. Refunds on amounts paid, less deposit and a \$20 fee, may be approved up to June 15, 2012. Refunds will be made in the same form that payment was made. There are no refunds available after June 15, 2012. I/We understand that I/we are allowed one change of session per family at no cost. Thereafter, a \$35 fee for each change request will be applied. I/We understand that no refunds are given if a child leaves camp early because of homesickness or for disruptive behavior as determined by the Camp Director. I/We understand that completion of all required summer camp forms and the YMCA Camp Ockanickon, Inc. Program Waiver are required as a condition of participation in the camp programs.		
OVER PLEASE →		
Signature	Printed Name	Date

Camper Last Name _____ **First Name** _____

Please check the box of the camp you wish to attend Ockanickon for Boys Matollionequay for Girls

LEVELS & RATES (Please check Level A, B or C)	LEVEL PRICING EXPLAINED		
	<input type="checkbox"/> LEVEL A <input type="checkbox"/> LEVEL B <input type="checkbox"/> LEVEL C	The three-level system is an "honor system" designed to make overnight camp more affordable and accessible. We developed this because of the tough economic times we continue to face as a country. As this system is based on a mutual trust between camp and our families, it is important to understand that Levels B & C are below the true cost of camp for your child. We ask that parents who can afford to pay Level A please do so. All chosen levels are confidential and all children will receive the same camp experience, regardless of level chosen. Larger scholarships are also available by applying for needs-based financial assistance. Thank you.	
		1 week	2 weeks
		\$660 <i>Same price as 2011!</i>	\$1,300 <i>Same price as 2011!</i>
\$635 <i>Same price as 2011!</i>		\$1,250 <i>Same price as 2011!</i>	
	\$610 <i>Same price as 2011!</i>	\$1,200 <i>Same price as 2011!</i>	

SESSIONS & DATES	RATE PER SESSION	Session 1 6/24 to 6/29	Session 2 7/1 to 7/13	Session 3 7/15 to 7/27	Session 4 7/29 to 8/10	Session 5 8/12 to 8/17
One Week Overnight Camp <i>Ages 7 to 16</i>	\$610 - \$660	<input type="checkbox"/>				<input type="checkbox"/>
Two Week Overnight Camp <i>Ages 7 to 16- Back to Age 7!</i>	\$1,200 - \$1,300		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RANGERS <i>Additional Application Required</i>	RATE	Ranger: 14-16 year olds. Off Camp Adventure Trips- Appalachian Trail Hike/Delaware River Canoeing.				Download application at www.ycamp.org.
Two Week Ranger Program	\$1,370 <i>Same price as 2011!</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LIT & CIT <i>Additional Application Required</i>	RATE	LIT Program: 15 yrs old & completed 9 th Grade. CIT Program: 16 yrs old & completed 10 th Grade.				Download application at www.ycamp.org.
Three Week Leader in Training <i>(Changeovers Excluded)</i>	\$1,830 <i>Same price as 2011!</i>				<input type="checkbox"/> Sessions 4 & 5	
Five Week Counselor in Training <i>(Changeovers Excluded)</i>	\$2,200 <i>Same price as 2011!</i>	<input type="checkbox"/> Sessions 1, 2 & 3				
OPTIONS	RATE	All options must be paid in full at the time of registration. You may register for options at any time. All options are first-come, first-served.				
One Week Horseback Riding <i>1 hour daily, minimum age 8</i>	\$190	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two Weeks Horseback Riding <i>1 hour daily, minimum age 8</i>	\$375		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Changeover Weekend <i>Back for 2012!</i>	\$250	<input type="checkbox"/> Ses 1 to 2	<input type="checkbox"/> Ses 2 to 3	<input type="checkbox"/> Ses 3 to 4	<input type="checkbox"/> Ses 4 to 5	
Welcome to Camp Kit	\$30	<input type="checkbox"/> Welcome kit includes: flashlight, water bottle, pen, dog tag and much more!				
Strong Kids Campaign	Discretionary	Give a child the gift of confidence, character, fun and friends. Your tax-deductible contribution provides children with the financial resources necessary to attend camp.				

CALCULATE YOUR TOTAL FEE

Total Price of Session(s) \$ _____

LESS

5% Pay-In-Full Discount \$(_____) *(Only if paid in full by 2/15/12)*

25% Military Discount \$(_____) *(See www.ycamp.org for details)*

TOTAL SESSION FEES \$ _____

PLUS

Horseback Riding \$ _____

Changeover Weekend(s) \$ _____

Welcome Kit \$ _____

Camp Store (\$25/wk recommended) \$ _____

SKC Contribution \$ _____

LESS

One-Time Sibling Discount \$(_____) *You may take \$50 off for each child after the 1st registered. Discount limited to one per child. List child(ren) below.*

Multiple Session Discount \$(_____) *Take a \$50 discount per added 2-week session and \$25 per added 1-week session. Valid at initial registration only.*

TOTAL CAMP FEE \$ _____

PAYMENT INFORMATION

Pay in full by 02/15/12 and receive a 5% discount from your session fees!

[] I wish to pay the total camp fees of \$ _____ now.

[] I wish to pay a non-refundable deposit of \$250 per session plus full payment for any Options (*Horseback, Changeover, etc...*). I will pay my balance by 6/15/2012.

[] I wish to pay a non-refundable deposit of \$250 per session plus full payment for any Options (*Horseback, Changeover, etc...*) **AND** please enroll me in a payment plan. I understand that my remaining balance will be charged in equal amounts on the 15th of each month until 6/15/2012 when the final balance will be charged. **After 6/15, please call the Registrar at 609-654-8225 for payment plan arrangements.**

[] Check (*Made payable to YMCA Camp Ockanickon, Inc.*) **or** charge \$ _____ to my:

[] Visa [] M/C [] AMEX [] Discover Exp Date _____ Sec Code _____

Card # _____

Billing Address _____

Name on Card _____

Signature _____ Phone _____

***** By signing above, I/we understand that any balances owed on June 15, 2012 will be automatically charged to the credit/debit card on file unless alternative arrangements have been made. *****